

THE WARNOCK REPORT: THE POLITICS OF REPRODUCTIVE TECHNOLOGY

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Synopsis—The Warnock Report (the report of the Committee of Inquiry into Human Fertilisation and Embryology, requested by the government of Great Britain) is a crucial text in the discourse on reproductive technologies. This paper is an investigation of the Report to find out exactly what is being said about women's bodies. I explore the relationship between the state and science, between ideology and technology, and the attempt of the Warnock Inquiry to construct a meaning of technology practice.

After a brief introduction, the scope of the report is considered in part I. Part II discusses the Inquiry's treatment of infertility and the family. It includes sections on artificial insemination, *in-vitro* fertilisation, egg donation and surrogacy. The analysis reveals the Inquiry's preoccupation with the meaning of motherhood and social control of breeding. Women as women are not a presence in the discourse. Part III covers the Report's consideration of scientific research. I show that genetics is an inextricable part of research associated with artificial reproduction and that there exists an undercurrent eugenic meaning of genetics in the discourse on reproductive technology. An epilogue ties together the main points of my analysis.

In short, what the text of the Report revealed was that the state and science require that women's bodies be available to serve the patriarchal nuclear family and the needs of scientists. The state empowers science because politicized technologies can be utilized by the state to intervene in population control. This is the logic behind eugenics and the policing of women's sexuality via reproductive technologies.

A vociferous public debate on reproductive technologies (*in-vitro* fertilisation and related techniques)¹ has been sustained since the world's first test-tube baby was born in July, 1978 in England. In 1982 the Conservative government requested a Committee of Inquiry to examine these issues and to make recommendations. (Committees of Inquiry are *ad hoc* advisory bodies, similar to Royal Commissions in structure and function.) The 'Committee of Inquiry Into Human Fertilisation and Embryology' convened, chaired by Dame Mary Warnock (now Baroness Warnock), philosopher and Mistress of Girton College. The remaining fifteen members of the Committee included professionals in the law, medicine, natural science, social science, theology and ethics. The Report of the Committee was published in 1984, and the

recommendations were incorporated, with certain modifications, in medical and research guidelines by the Royal College of Obstetricians and Gynaecologists, the British Medical Association, and the Medical Research Council, acting in anticipation of government legislation.

The Warnock Report is a crucial text in the discourse on reproductive technologies, both in Britain and in countries which take part in the Western scientific establishment. In Britain, professional bodies and the popular media take the Report as a point of reference. Other countries, like the U.S., France, Germany, and Denmark, look to the Inquiry as a model for their own committees and guidelines.

This paper is an investigation of the text of the Report to get a handle on the social and moral preoccupations in the dominant discourse on reproductive technology and to find out exactly what is being said about women's bodies. It centers around two terms of reference, women's sexuality and an undercurrent eugenic meaning in the text. My interest is to examine the relationship between scientific knowledge and knowledge constructed by the state, between ideology and technology.

¹ Reproductive Technology (RT) is a term given to techniques associated with artificial reproduction including artificial insemination, *in-vitro* fertilisation, embryo transfer, sex preselection, artificial wombs, cloning, and surrogate motherhood. See glossary for some definitions.

I. THE SCOPE OF THE REPORT

In the Warnock Report techniques for the treatment of infertility include artificial insemination (AI), *in-vitro* fertilisation (IVF), egg donation, and surrogacy. The Committee sought to address 'fundamental questions' of infertility treatment and related scientific research as moral questions and matters of public concern.

The main terms of reference fell into four areas:

- (1) the concept of infertility-as-disease, the domain of medicine;
- (2) the ideology of motherhood;
- (3) the sanctity of the embryo; and
- (4) the status of scientific knowledge.

By setting the terms as the interests of medical-legal authorities and the patriarchal nuclear family, the Inquiry provided that social and medical control of technologies of reproduction should be in the hands of expert medical specialists once acceptable boundaries were set by legislation or licensing authority guidelines. They allowed that women's self-determination in reproduction is undermined by their qualified respect for the moral and social authority of doctors and by their approval of the use of technologies to aid in social engineering. They conceived a 'doctor knows better and the state knows best' school of thought.

The public was invited to submit evidence but no women's group was asked to present oral evidence; nor was the main AI agency in Britain, British Pregnancy Advisory Service; nor was the largest infertility clinic in Britain, Hammersmith Hospital. The only clinic the Committee did visit was Bourn Hall, the private IVF center of test-tube baby pioneers Robert Edwards and Patrick Steptoe (Campbell, 1984).²

The Committee was capable, as evidenced by their thorough investigation of scientific information and the careful wording of the Report. Their choices indicate how they were approaching the issues. BPAS offers AID (artificial insemination by donor sperm) to heterosexual couples, lesbians, and single women, and they provide abortion services. Hammersmith Hospital offers a range of infertility treatment besides IVF as a National Health facility. Let me show why these points are relevant.

(1) The Warnock Report states explicitly that AID and IVF should continue to be available in the U.K. to treat infertility, but only for the 'hetero-

sexual couple living together in a stable relationship' (Warnock Report: 10). Their reason for denying the services to lesbian couples or single women was simply, 'We believe that as a general rule it is better for children to be born into a two-parent family, with both father and mother' (*ibid*: 11). The implication of their decision on eligibility is that they agree with the opinion cited in the Report that, 'To judge from the evidence, many believe that the interests of the child dictate that it should be born into a home where there is a loving, stable, heterosexual relationship and that, therefore, the *deliberate* creation of a child for a woman who is not a partner in such a relationship is morally wrong' (emphasis in original) (*ibid*: 11).

The 'best interests of the child' argument, a companion of the 'status of the embryo', is used by traditional elites to deny certain women their children. In 1978, Conservative member of Parliament Rhodes Boyson demanded legislation to ban the use of AID by lesbians saying, 'To bring children into the world without a natural father is evil and selfish. This evil must stop for the sake of the potential children and society, which both have enough problems without the extension of this horrific practice' (*Times*, 1978).

The Warnock recommendations on eligibility concur with the sentiments of Boyson: the interests of women are in conflict with the public interest and children's interests. Women, it seems, are subversive when not adhering to traditional definitions of motherhood.

(2) The Report avoids the abortion connection, just as IVF advocates in medical science do. Pro-technology minded elites ignore the moral paradox of allowing scientists to handle embryos (and inevitably discard most of them) whilst the criminalization of abortion denies pregnant women self-determination in the interests of embryos.

(3) IVF experts, preoccupied with the prestigious technology, avoid a complete discussion of infertility. Iatrogenic (medically induced) or environmental causes of infertility are ignored, despite epidemiological evidence which suggests that a less individual, more public approach to the problem would be more sensible than a high-tech procedure with low success rates.³ The Inquiry also failed to incorporate these considerations into the Report.

² Average costs of private IVF treatment in Britain are about £2000. Most IVF is procured in the private sector, though NHS facilities do exist. It must be noted that when the procedure was still in the experimental stage, as they say, Edwards' and Steptoe's first success was the birth of Louise Brown to working-class parents Lesley and John Brown.

³ Success rates are exaggerated because IVF practitioners fudge the data by changing the criteria of 'success'. The editor of the journal *Fertility and Sterility* wrote that there 'is a failure of adherence to the highest ethical standard of truth in expressing the IVF pregnancy rate' (Soules, 1985: 511). He suggested that the most accurate figure is a 13 per cent 'viable pregnancy rate'. Corea suggests that a more logical (but even less impressive) way of expressing success is per cent live births per laparoscopy.

medical care. The dangers of the techniques to women's bodies were not considered. The administration of powerful drugs to induce superovulation (so that multiple embryos can be produced) is considered objectionable, not for the risks it poses to the women being treated, but because of the moral problem of creating spare embryos.

Elsewhere in the Report, arguments against egg donation by laparoscopy (surgical retrieval of eggs) are the same arguments the Inquiry cites against IVF and AID, but include for the first time the physical risks of surgery to the egg donor. The same concern is not applied to a woman undergoing IVF treatment, although laparoscopy is just as risky for her. Her risk is not argued, reinforcing the view of infertility as an abnormal state rather than a judgement, a condition that must be fixed (Kennedy, 1981: 30). Her risks do not exist because in medical terms, neither does she. The disease is what exists.

The only argument the Inquiry cites in favour of IVF was that it will help infertile couples have children and is the only method by which some could have a 'child that is genetically entirely theirs' (Warnock Report: 32). This argument, which convinced the Inquiry, is about the importance of the exclusive nuclear family. In the social terms of this discourse, women do not exist. Motherhood is what exists.

Egg donation

'Egg donation' is a way to provide a woman with eggs for IVF when she has no available eggs but might otherwise be able to carry an implanted embryo. Egg donation by surgical retrieval of eggs from the donating woman was judged acceptable, 'notwithstanding the relatively minor surgical risks to the donor' (*ibid*: 36), one advantage being that the offspring generated would be genetically related to the husband.

Egg donation by non-surgical means, by 'uterine lavage', was judged unacceptable. In this procedure, the egg donor woman conceives *in vivo* by AI with the sperm of the recipient woman's partner when possible. A few days later, before implantation, the embryo is washed out of the donor woman's uterus and is then transferred to the recipient woman's. The Inquiry considered lavage particularly risky to the donor because of the possibility of the embryo implanting into her uterine wall, infection, 'or other problems' which they do not name. Or, to put it another way, although not the way the Inquiry stated, there is the risk of unwanted pregnancy.

The medical risks of embryo donation by lavage are not more dangerous in themselves than those associated with IVF. The evident reason for rejecting egg donation by lavage lies in the problem of unwanted pregnancy in the donor and, I would

add, the possibility of her seeking an abortion for 'non-medical' reasons ('medical' reasons being cases of abnormality in offspring or when the mother's life is threatened). Approval of uterine lavage would fly in the face of the Inquiry's treatment of motherhood and the family. Approval might have forced recognition of the abortion connection.

Moreover, certain forms of egg and sperm donation were approved for 'those at risk of transmitting hereditary disorders' (*ibid*: 49). The Report stated, 'there are people for whom a termination [abortion] is unacceptable . . . For such people, the use of the technique involving donated eggs or semen . . . offers real hope of giving birth to healthy children' (*ibid*: 48). This statement expands the meaning of reproductive technologies. These methods are not only about infertility but about genetics and avoiding abortion as well.

In summary, egg donation by surgery is acceptable because it provides 'normal' babies and circumvents abortion. Lavage is unacceptable because a pregnant woman complicates traditional motherhood and marriage. Pregnancy is being shared by two women.

The Inquiry's selective use of a 'physical risks' argument reveals their interest in social control of women's reproductive behaviour. A physical risks argument is made only for methods the Inquiry judges socially unacceptable.

Abortion is something to be avoided on moral grounds, the Inquiry implies, except in cases of genetic abnormality in the offspring, that is, for negative eugenic reasons.⁵ The cheat is, the Inquiry never explicitly states the abortion connection. Ignoring the total reality of abortion is false and insulting to women.

Surrogacy

On surrogacy, the Inquiry reports that 'the weight of public opinion is against the practice' (*ibid*: 44) and recommended the criminalization of organised surrogacy arrangements, referring to the activity as 'recruitment of women' (*ibid*: 67), imitating the language of prostitution. But arguments against surrogacy which they cite did not make the connection with other forms of exploitation of women as reproductive commodities (Dworkin, 1983: 187).

Arguments against surrogacy all address the same issue, the meaning of motherhood and woman's sexuality:

'To introduce a third party into the process of

⁵ 'Negative eugenics' is decreasing the propagation of the genetically unfit, where 'positive eugenics' is increasing the propagation of the genetically fit.

II. INFERTILITY AND THE FAMILY

The emphasis of the Inquiry was on infertility as a 'malfunction' (Warnock Report: 9) of couples, that infertility is a medical condition. The popular media supports this meaning generally, not to suggest complex psychosocial reasons for the problem (reasons which are rooted in an ideology of womanhood-as-motherhood) but to argue for human embryo research.

Following the presumption that infertility is a medical condition, the Inquiry recommended the following. A licensing authority to regulate provision of AID and IVF should be established and any non-licensed activity should be a criminal offence. Physicians would be the final authority on eligibility. Organisation of services should be centralised at a national level and infertility treatment should become more specialized within the medical profession. Infertility clinics should be in close working relationship with genetic counselling units. (The point here is, the Inquiry is approving the medical opinion that the science of genetics is part of good reproductive health care. The problem is, as disabled activists point out, the criteria of 'genetic health' and the tactics of the genetic counselling profession are questionable (Katz, 1980; Saxton, 1984).)

Artificial insemination

Technology alters the meaning of things and social relations. By including AI, a low-tech (if not a no-tech) practice, in the realm of reproductive technology, the Committee could re-define an established practice. Two points show how re-categorizing AI changes its meaning. First, as the report states, artificial insemination was included in the Inquiry because it 'is not universally accepted ethically, nor indeed regulated by law' (Warnock Report: 5). The Report recommends that AID is to be controlled for moral reasons by the same licensing authority required to regulate IVF, a complex procedure that entails sophisticated technical skill, physical risks for women receiving the treatment (from powerful drugs, surgery, ultrasound), and unique ethical implications.⁴

Regulating AID means that women who run self-insemination groups in Britain, and any woman not

living with a man who used the method, would be criminally liable. Physicians would need a special licence to offer AID. Researchers would have access to donated sperm for genetic studies.

Second, the Inquiry also recommends changing the law so that the husband of the woman receiving AID could be the legitimate father of the offspring. The AID family is granted the same legal rights—and moral approval—as a 'natural' family. The Inquiry also shifts the meaning of ordinary words to support their moral sensibilities. The terms husband and wife are used in the Report whether couples are married or not (*ibid*: 10).

Laws on legitimacy are caught up in the notion of inheritance by 'bloodline' (which predates knowledge of genetics) and the appropriation of children as a property right. The most pointed example of the importance of paternal inheritance was the need for the Inquiry to make recommendations about the location of an embryo in the event of the death of the father. The AIH (artificial insemination by husband) or IVF child not *in utero* at the date of the father's death should be 'disregarded for purposes of succession to and inheritance from' the father (*ibid*: 55). Anticipating unprecedented legal complications resulting from the use of frozen embryos, the Inquiry added, 'for the purposes of establishing primogeniture the date and time of birth, and not the date of fertilisation, shall be the determining factor' (*ibid*: 57).

In summary, what these Warnock recommendations mean is that provision of AID, as well as IVF, outside a centralized authority would be a criminal act. The state and medical specialists would control all non-coital reproduction. The superior status of the patriarchal nuclear family would be protected by restricting women's reproductive behaviour and stabilizing the meaning of paternal inheritance. A hierarchy of social values is promoted by approving one kind of family, sexuality and reproduction over others on moral grounds. The Report does not explicitly state why the traditional family is morally superior, though religious arguments against any interference in family relations are repeatedly cited. But the Inquiry is clearly concerned with the potential threat of reproductive technology to challenge the ideology of the family. To assuage those fears the Report states, 'we would point out that those engaging in AID are, in their own view, involved in a positive affirmation of the value of the family' (*ibid*: 22).

In-vitro fertilisation

Arguments against IVF include fundamental disapproval of any deviation from natural fertilisation, moral disapproval of the creation of embryos not destined for a womb, and ineffective use of limited resources on these high-tech forms of

⁴ The technologization, so to speak, of AID is enthusiastically accepted by pro-technology minded scientists. An article in the prestigious science journal *Nature* endorsed Warnock recommendations to regulate AI, even as they argued for less regulation of research. In another article, they offered that the Inquiry proposals on AID are 'less stringent than they might be', because genetic data about donors should be available to researchers (*Nature*, 1984).

procreation which should be confined to the loving partnership between two people, is an attack on the value of the marital relationship;

it [surrogacy] is inconsistent with human dignity; the relationship between mother and child is itself distorted by surrogacy . . . For in such an arrangement a woman deliberately allows herself to become pregnant with the intention of giving up the child;

this is the wrong way to approach pregnancy;

since there are some risks attached to pregnancy, no woman ought to be asked to undertake pregnancy for another, in order to earn money. Nor, it is argued should a woman be forced by legal sanctions to part with a child, to which she has recently given birth, against her will' (*ibid*: 44-45).

The carrying mother by these arguments is either morally reprehensible or being asked by someone else to do wrong. She is interfering with a marriage relationship and damaging a child.

The problem with accepting surrogacy as a medical treatment is not that carrying mothers are exploited, but that there is no stable respectable category for the carrying mother in England. The carrying mother cannot be given a respectable place in the category of motherhood because the dominant definition sees motherhood as a natural, biological, inevitable, inviolable process. Choosing to give up the child she bears challenges the notion of the biological mother-child bond, the 'natural' mother-child relationship which keeps womanhood in a strict place. The carrying mother cannot be given a respectable place outside motherhood (for example, as a womb-for-therapy) because of this strict notion of natural bonding of mother and child in pregnancy.

Surrogacy, another kind of motherhood, interferes most obviously with the concept of exclusivity within marriage. With the kinds of egg and sperm donation the Inquiry found acceptable, the third party will at least remain anonymous and remote.⁶ A pregnant woman is more difficult to cover up. She advertises that the nature of motherhood and kinship, the very foundations of the family, is more complex and contradictory than traditional thinking allows.

As for possible exploitation of women in surrogacy arrangements, the Inquiry is not concerned for women, but for motherhood's image. They do not feel the need to protect women from being asked to donate eggs, a potentially exploitative action. Medical science is allowed to ask women

for body parts (eggs, follicular fluid, placenta) for infertility treatments and for research, but since 'no woman ought to be asked' to be a surrogate mother and give up a child, the state will protect women-mothers by banning the practice of surrogacy.⁷

Outright evidence of the Inquiry's lack of concern with women can be read in their view on private surrogacy arrangements. They suggest that private arrangements should not be criminalized, not in order to protect an exploited woman, but, 'as we are anxious to avoid children being born to mothers subject to the taint of criminality' (*ibid*: 47). Again, to the Inquiry, children's interests conflict with maternal behaviour and women are not capable of making morally and socially responsible reproductive decisions.

Procedures related to IVF, like egg donation and surrogacy, were approved or not according to the Inquiry's judgement of acceptable social behaviour. Assessment of the medical risks involved were inconsistent and their recommendations are better explained by a desire to construct a reproductive technology practice that supports the ideology of motherhood and the moral superiority of the nuclear family. The point is, women as women, as whole human beings or as citizens even, are not a presence in this discourse at all.

III. RESEARCH AND EUGENICS

Laboratory research is distinct from clinical applications. Improvement of infertility treatment is not the essence of research. IVF related research proceeds from contemporary embryology and, as biologist C. H. Waddington wrote in 1954, 'no adequate discussion of embryology can be given without devoting a great deal of attention to the related aspects of genetics' (Waddington, 1956).

The Warnock Committee accepted this in treating 'scientific issues' separately from infertility treatment and they accepted a scientific, 'knowledge-based' assessment of what is meant by reproduction. Genetic considerations are perceived as the correlative of scientific reproduction. Genes are meaningful. This was accepted without considering the nature of human genetics or the motivations of scientists.

The Report first addressed the question of

⁶ The Report recommends that donors and recipients remain anonymous to each other.

⁷ It is interesting that the Report discusses exploitation of carrying mothers by other women who might not want to go through pregnancy themselves. Husbands who might desire genetic offspring are not mentioned as potential exploiters, though the most common kind of surrogacy occurs by artificial insemination of the carrying mother with sperm from the male partner of the couple who will receive the child. Possible exploitation by professionals is mentioned, but reasons for such actions are not discussed.

whether human embryo research should be allowed at all since much public disapproval was voiced. The main objections concern the status of the embryo and fear of out-of-control science (the Frankenstein image). The status of the embryo question necessitated the Inquiry's citing the Offences Against the Person Act 1861, the Infant Life Preservation Act 1929, and the Abortion Act 1967. They concluded that by these laws the embryo is not accorded the same status as a living person. From this a majority voted in favour of human embryo research, subject to a licensing authority, up to 14 days after fertilisation *in vitro*. The 14-day limit offered right-to-life groups criteria for challenging the present 28-week upper limit for abortion. The Report never acknowledged this.

Certain restrictions on research were recommended, due to 'public anxiety' (Warnock Report: 70). The state, it seems, will keep society and embryos safe from Frankensteins. But discussion of research, like that on infertility treatment, does not concede that women's bodies are needed for such research. The Inquiry's recommended restrictions on research concerned the humanity of embryos, not women. Nor did they express the least understanding that human embryology is about woman's reproductive physiology and biochemistry, that human embryology is the knowledge of women's life processes.⁸

The eugenics connection

Genetics, perhaps the major area of biological investigation today, is the leitmotif of Warnock recommendations on research. I will take two examples for their eugenic meaning.

(1) On the use of embryos for 'testing drugs etc.' (the 'etc.' was not defined further), the Inquiry stated:

'We feel very strongly that the routine testing of drugs on human embryos is not an acceptable area of research because this would require the manufacture of large numbers of embryos. We concluded however that there may be very particular circumstances where the testing of such substances on a very small scale may be justifiable' (*ibid*: 71).

Their objection to large scale testing arises from the special status of the embryo, not the purposes of such projects which remained unexamined. But feminist scientists from West Germany working

close to these areas report that the thinking behind this kind of research includes support of the study of genetics for genetic engineering to 'improve' the species.⁹ For example, if disposition to harmful effects of specific toxins is found to be associated with genes, then *in-vitro* embryos without this factor could be selected before implantation. (These techniques are not yet feasible but this is the justification put forward for certain kinds of projects.) In a polluted environment, individuals so selected would presumably be healthier than those with 'bad' genes. In other words, 'testing drugs etc.' is not only about checking drugs for efficacy or toxicity to humans so that they can be judged as medication, which is what one would understand 'testing drugs' to be. It is about the control of human genes.

Another point is relevant here, that is that the Inquiry thinks small scale testing may be justifiable. Once again, the interests of the embryo are allowed to be weighed against the interests of scientists. But this time, the cause is not treating infertility but the pursuit of knowledge about genes. The question again arises, why does knowledge of human genetics supersede the interests of embryos?

(2) The Inquiry discussed embryonic biopsy as a possible future development which would allow detection of genetic abnormalities so that 'a decision could be taken as to whether to thaw the frozen embryo and to transfer it to the mother's uterus' (*ibid*: 73). This technique is about genetic selection of embryos. Gena Corea notes that the scientific definition of 'genetic abnormality' is expanding to include 'abnormalities' like cleft palate, and that the desire for 'perfect' babies is being exploited by IVF researchers who argue for the superiority of artificial reproduction (Corea, 1985: 90).

Genetics is perceived as so necessary to healthy reproduction that it takes on eugenic meaning. Supporting research on the prevention of genetic defect is one thing; supporting research for high-tech, state controlled, artificial reproduction, at the expense of women's bodies, for the sake of producing superior offspring, is another.

If there is any doubt that scientists working in the area of human genetics are not thinking in terms of social applications, I add this statement from British scientist Walter Bodmer, from a speech on the occasion of his receiving a major award in human genetics:

'Perhaps the revolution that is surely needed in

⁸ The scientific establishment similarly presumes that women's bodies are available for experiments. *Nature* argued for embryo research and dismissed 'uneasiness' about how eggs are obtained by equating ova donation with sperm donation (*Nature*, 1982: 475).

⁹ This information and example are from Paula Bradish, biologist and member of the women's science group of the Green Party in West Germany, at her talk on genetic engineering on 5 July 1985 at the Emergency Conference on the New Reproductive Technologies in Vällinge, Sweden (3-8 July 1985).

sociology and economics to improve the management of our complex modern society will come from the contributions of biology and biologists to these areas [human genetics]. The whole DNA sequence will eventually be known, and also, but even more eventually, its meaning will be understood. This knowledge will have profound implications for all aspects of human activities and endeavors and surely will, in the long run, contribute positively to the betterment of our society' (Bodmer, 1981: 679).

Eugenics lost favour as a science with Hitler's Hereditary Health Laws, but it is making a comeback (Wexler, 1981; *Nature*, 1984). Bodmer's statement is not proposing a new science of eugenics, but it does leave room for it.¹⁰ Sir Peter Medawar, scientist and scientific historian, uses the word 'geneticism' to mean the doctrine of the primacy of the genetic make-up in determining every aspect of the human mind, constitution and behaviour. So, the idea is potent enough in the 1980s to require a word to express it.

EPILOGUE

The Warnock Report is concerned with resolving the tension between ideology and technology. It displays the power of the state in society and the collaboration between the state and the medical science establishment. Since control of population takes place through families as the reproductive apparatus of the existing order, politicized technologies can be utilized by the state to intervene in population control. This is the logic behind eugenics and the policing of women's sexuality via reproductive technologies.

The power of politics of the state is revealed in the paradox of the embryo. On the one hand the status of the embryo is used to subjugate women to the family. The interests of the embryo are paramount and supersede women's self-determination, which is considered in conflict with embryos' and children's interests. On the other hand, when the interests of embryos are allowed to be weighed against negative eugenic considerations and the needs of research, the meaning of the embryo is changed. Scientific interests, the pursuit of knowledge favoured by the state, supersede the interests of the embryo.

Women's reproductive bodies are needed for all this by the family and by science. By refusing woman's presence as speakers and subjects the Warnock Inquiry could make recommendations so that women's use for both could be maintained.

The power of the text is in the construction of new meaning. The boundaries of ideology and technology become blurred. Genetics, the scientific knowledge of genes and the practice of this knowledge, is made a natural, inevitable corollary of reproductive ritual. AI, a practice that has been part of human culture for at least hundreds of years (but possibly ever since the knowledge of paternity was realized), is made a high-tech medical practice and unimaginable without genetic considerations.

The Inquiry specifically set out to address moral 'principles' (Warnock Report: 1). Yet the principles—the roots, the fundamental truths—were never considered. The ethics of using human beings (women) in experiments were not discussed. The abortion connection was not acknowledged. The social history and politics of the developments, where the roots of meaning are found, were never explored.

The state and the scientific establishment are the makers of public knowledge of reproductive technologies. Feminist critiques of reproductive technology are meaningless in the dominant discourse because they start from the reference, women. The criticisms of traditional elites enter the dominant debate because the terms of reference are similar, like the status of the embryo term, a term which serves no other purpose than to codify the second-sex status of women and maintain the moral superiority of the patriarchal family. No matter how much reproductive technologies are promoted as being for women, the point remains that the policy behind the practice serves elites, not women, and is exploitative.¹¹

GLOSSARY

Artificial insemination: the placement of sperm into a woman's vagina.

Eugenics: the science of the improvement of human beings by genetic means championed by Sir Francis Galton (1822–1911).

In-vitro fertilisation: fertilisation outside the female body; egg and sperm are placed in a culture medium in a Petri dish where fertilisation occurs. When the technique is used for infertility treatment, the

¹⁰ Corea chronicles the eugenic beliefs of contemporary scientists like Sir Julian Huxley and Nobel Prize winner Francis Crick (he co-discovered the structure of DNA, the genetic material). Both suggested social schemes for promoting propagation among the genetically 'fit' and discouraging procreation among the 'unfit'.

¹¹ International aspects have not been explored here but I must add that Third World women are exploited for the sake of test-tube baby technology. Drugs and methods are first tried out on them, either as 'family planning' methods or for payment.

resulting embryo is transferred to a woman's uterus.
Laparoscopy: visual examination of ovaries (or other abdominal organs) by insertion of a light guide through a small incision in the abdominal wall. Eggs can be removed during laparoscopy. It is a surgical procedure requiring anaesthesia and distention of the abdomen with carbon dioxide gas.

Self-insemination: artificial insemination without the involvement of an official donor group.

Superovulation: a technique to cause the release of more than one egg during one menstrual cycle which requires the administration of hormones to stimulate a woman's ovaries.

Surrogate mother: a woman who carries the pregnancy for another woman. She may provide the egg and be artificially inseminated or she may receive an IVF embryo if another woman's egg is used.

Uterine lavage: 'washing out' a fertilised ovum from a woman's uterus before implantation takes place.

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